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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/								
2	/								
3	/								
4	/								
5	/								
6	/								
7			3						
8			6						
9			3						
10			6						
11			3						
12			3						
13			3						
14			3						
15			3						
16			3						
17			3						
18			3						
19			3						
20	/								
21			1						
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46									
47									
48									
49									
50									
TOTAL IND.	7								
TOTAL DEP.	4								
TOTAL CLAIMS	54								

CLAIMS					
	IND	DEP	IND	DEP	IND
51					
52					
53					
54					
55					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					